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Annual Report

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Annual report of the Trustees and Superintendent of the Alabama Insane Hospital <1878>

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ANNUAL REPORT

OF THE

OFFICERS

—OF—

THE ALABAMA INSANE HOSPITAL,

AT TUSKALOOSA

FOR THE YEAR 1870.

TO HIS EXCELLENCY W. H. SMITH, THE GOVERNOR.

MONTGOMERY, ALA.:
JOHN G. STOKES & CO., STATE PRINTERS
1870.

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TRUSTEES AND OFFICERS OF THE HOSPITAL.

TRUSTEES:

REUBEN SEARCY, M. D., *President.*

HON. WM. MILLER.
HON. PORTER KING.
HON. E. F. JENNINGS.
HON. J. DE F. RICHARDS.
E. F. BOUCHELLE, M. D.
R. A. BOYD, M. D.

RESIDENT OFFICERS:

P. BRYCE, M. D., *Superintendent and Physician.*

JOHN LITTLE, M. D., *Assistant Physician.*
HON. W. MOODY, *Treasurer.*
E. L. CLARKSON, *Steward.*
MRS. H. WOODALL, *Matron.*

REPORT OF THE TRUSTEES

OF THE

ALABAMA INSANE HOSPITAL.

TUSKALOOSA, ALA., Oct. 27th, 1870.

To his Excellency, William H. Smith,
Governor of Alabama:

It becomes our duty annually, as Trustees of the Alabama Insane Hospital, to submit to your Excellency a report of the Institution of which we have been constituted the lawful guardians.

The regular annual meeting of the Board of Trustees was held this day at the Hospital, and we are happy in being able to report, after a very careful and thorough examination of its condition and management, that the result of our investigation affords the most satisfactory evidence of the prosperity and usefulness of the Institution, and of the economy and skill with which its affairs have been conducted during the year just closed.

All matters regarding the receipt of money from the State Treasury, and the expenditure of the same, were carefully investigated, and were found to be satisfactory. The books and accounts of the Treasurer and Steward were subjected to a most thorough scrutiny, and were found to be well kept and correctly balanced.

We beg leave to refer you to the Annual Report of the Superintendent for a very full and correct exhibit of the present condition and wants of the Hospital.

We can not, however, close this brief report, without commending to your most favorable regard, and through you to the liberality of the General Assembly of Alabama, this most humane and valuable Institution of the State. And may we not trust, with confidence, that no stinted beneficence will be manifested in the appropriations that may be needed to minister comfort, and to restore health and reason to that most unfortunate class of our fellow citizeus, for whose sole benefit this most noble charity has been instituted.

With great respect, your most obedient servants,

REUBEN SEARCY,
E. F. JENNINGS,
WM. MILLER,
J. DE F. RICHARDS,
} Trustees.

THE TENTH ANNUAL REPORT

OF THE

SUPERINTENDENT

OF THE

ALABAMA INSANE HOSPITAL,

TUSKALOOSA, ALA., 1st October, 1870.

To the Trustees of the Hospital:

GENTLEMEN: In compliance with the law organizing the Hospital, I respectfully submit my tenth annual report. It will be found to embrace a full tabular view of the Institution from the time of its opening in July, 1861, to October, 1870, together with a condensed statement of interesting facts and suggestions illustrating its condition, management and prospects.

FIRST—NUMERICAL RESULTS OF THE YEAR.

	Men.	*Women.*	*Total.*
Remaining in Hospital Oct. 1st, 1869..	98	93	191
Received during the present year.....	50	38	88
Under treatment during present year..	148	131	279
Daily average under treatment.....	109	102	211
Discharged cured during the year....	11	6	17
Discharged impoved during the year..	7	3	10
Died during the year.....	15	15	30
Eloped during the year.....	0	0	0
Remaining in Hospital Oct. 1, 1870....	115	107	222

The following shows the causes of death of thirty patients during the year:

	Men.	*Women.*	*Total.*
Phthisis	3	9	12
General paralysis	4	1	5
Maniacal exhaustion	3	0	3
Epilepsy	2	1	3
Enteritis	1	1	2
Renal disease	1	1	2
Congestive chill	1	0	1
Ovarian disease	0	1	1
Heart disease	0	1	1
Total	15	15	30

The following shows the class, color and sex of the two hundred and twenty-two patients remaining in Hospital:

	Men.	*Women.*	*Total.*
Private or paying, white	5	9	14
Indigent, white	92	77	169
Indigent, colored	13	20	33
Criminal, white	5	1	6
Total	115	107	222

SECOND—STATISTICS.

In the Appendix there is presented a full and complete tabular statement of the *number*, *sex* and *ages* of five hundred and sixty-three patients who have been admitted into the Hospital since its opening in July, 1861, up to the present time, together with the *causes* of their insanity and its *duration* on admission, their *domestic or civil state, occupation*, degree of *education* and the *result* of treatment.

THIRD—ADMISSION OF PATIENTS.

The law regulating the admission of patients into the Hospital, and the questions to be answered by their friends or physicians, are also to be found there, and must in every particular be strictly complied with before the applicant can be received.

FOURTH—GENERAL OBSERVATIONS.

The results of the year just closed, including the admissions, recoveries, and general health of the household, are quite equal to our expectations. The admissions, as usual, embrace a large number of epileptics and other chronic cases known to be incurable, and placed here by friends and county officers for kind attention and safe keeping alone. The tendency of such admissions is to lower the percentage of recoveries and increase the deaths, so that it is hardly fair to measure our success, in either of these respects, with asylums more favorably located, which receive chiefly acute or curable cases, and discharge such as are feeble and likely soon to die.

Of the eighty-eight admissions during the year, seventeen only were in the acute or curable stage of the disease, or under one year's duration, which, by the way, corresponds incidentally with the number actually cured. The average duration of insanity of the remaining seventy-one is found to be nearly eight years!

FIFTH—IMPORTANCE OF EARLY TREATMENT.

The causes and dangers of delay in placing the insane early under skillful medical and moral treatment, are so numerous and varied, and have so often been discussed at length in my annual reports, that I shall not do more than refer to the matter again. It is a melancholy fact, that of the two hundred and twenty-two cases of insanity now in the Hospital, there do not appear to be more than fifteen, or at most twenty, which, under the most favorable point of view, can be considered curable. This is to be attributed almost entirely to the neglect of proper treatment in the early stages of the disease.

The old and very absurd ideas that insanity is a disgace and ought to be concealed, and that patients are abused or neglected in even the best conducted hospitals for the insane, are still entertained, I find, in many portions of our

State. When it is considered that insanity is invariably dependent upon an abnormal condition of the brain, which is only the organ of the mind, and is as truly a physical disease as pneumonia or any other bodily ailment to which flesh is heir, and that like the latter it is amenable to treatment and susceptible of cure if taken before the habit of a definite morbid action has been engrafted upon the organization, it is almost inconceivable how such fearful misapprehensions should continue to prevail among those who have the care and disposition of this unfortunate class of sufferers.

SIXTH—MORAL TREATMENT OF THE INSANE.

It seems too have been forgotten or discredited in many quarters, that dungeons, cells, chains, cribs, shower-baths, and other appliances of cruelty, have long since been abandoned in the scientific treatment of insanity; and that, combined with judicious medication, systematic kindness and undeviating candor, with firmness, are alone the great moral agents upon which the humane and enlightened physician relies for success.

SEVENTH—HEALTH OF THE INMATES.

The health of the inmates during the year has been unusually good. The diseases of this section and climate, as you are well aware, are chiefly of malarial origin or complication, and are amenable to antiperiodic remedies. That the consumption of quinine has not reached a half dozen ounces during the year, in an average population of two hundred and fifty persons, conveys a better idea of the general sanitary condition of the Institution than I could describe perhaps in any other way.

EIGHTH—DEATHS.

The number of deaths is greater than during any previous year, but a glance at the records reveals the fact that they were confined to the aged, and constitutions broken down by long standing and incurable cerebral disease. It

is somewhat unusual in this climate, and worthy of remark, that of the deaths twelve were the immediate result of phthisis, or pulmonary consumption. I have observed, however, that the insane, both here and in more northern latitudes, are more liable to this disease than are persons of sound and healthy brain.

NINTH—COLORED INSANE.

Sixteen colored persons were admitted during the year. The six lower wards of the Hospital are appropriated exclusively to this class, but it will not be long before additional accommodations will be needed. Two colored children were born in the Hospital during the year, a few months after the admission of their mothers; and one white infant was received. These children are not included among the admissions, nor in the number remaining in the Hospital.

TENTH—CASUALTIES.

I chronicle each year, with profoundest gratitude to the Father of all mercies and Friend of the helpless, our continued exemption from suicides, serious injuries or casualties of any kind. Contrary to the old saying, that "accidents will happen in the best regulated families," nothing unpleasant has occurred within the decade of our existence worthy even of your passing notice.

ELEVENTH—CONDITION OF THE PATIENTS.

It is, too, with pleasure and satisfaction that I invite your attention to the condition of the parents, and the provision made for their health and comfort. In your inspection of the wards and dormitories, and in your conversations with the sufferers of every class and grade of insanity with whom you will be brought, without reservation, in immediate contact, you will be particularly struck, as other visitors are invariably are, with the cheerful aspect of the inmates and their surroundings, and the comparative order and quiet even in the wards appropriated to the worst classes,

You will hear and see no complaints of ill treatment nor neglect by the officers or nurses; no dissatisfaction with the table fare; no vulgar nor profane language; no indecent behavior; and no unpleasant sights nor scenes of any kind. On the contrary, perfect confidence and good feeling, the result of systematic candor and truthfulness in even the minutest transaction, will be found to prevail in every quarter. I mention this because many well meaning and intelligent persons suppose that deception must be practiced in the management of the insane. If you interrogate what appears to be the most disaffected patient in the house, you cannot fail to discover in the midst of his delusions, however fanciful and absurd, a thorough kind feeling and genuine appreciation of the Institution and those in charge of it.

TWELFTH—ORGANIZATION AND DISCIPLINE.

Such I believe are the results of good organization, thorough discipline of subordinates, and a fearless, undeviating rectitude on the part of all connected with the Institution; and wherever these principles are kept prominently in view, such a condition of things as I have described may most confidently be expected!

To secure the highest degree of effective service on the part of nurses and other employees, there is attached a pecuniary liability to every violation of the regulations of the Hospital, which is deducted monthly from the wages of the delinquents. That these fines or deductions have amounted in the aggregate, within the last year, to about five hundred dollars ,or seven per cent. of the whole amount paid out for wages, will show at least that the system is strictly and faithfully carried out. A copy of these regulations, which are always read and explained to applicants for situations, and are printed and posted in conspicuous places in the building, can be found in the Appendix to this report.

It is frequently asked if under this rigid system it is not

difficult to secure employees, or when secured to retain them? That the discharges and resignations during the year, in a corps numbering forty-five, have been sixty-nine, sufficiently exhibits the difficulty in retaining them, but just there the trouble ends. Applicants are generally in excess of vacancies, and as a rule only such apply as are attracted by the love of order and a desire to do their duty, and are therefore most apt to be competent and to remain. That so many fail, only proves that the work requires peculiar qualifications which few possess.

THIRTEENTH—COMPENSATIONS.

That the wages are not such as to purchase submission to arbitrary rule; and that you may be accurately acquainted with the number and names of officers and employees, their pay and occupation, I present a complete list in the Appendix to this report. In justice to all, I ought to add that the rate of compensation is less by fifty, and in some few cases by a hundred per cent., than in other similar institutions with which we have been in correspondence on the subject. Three months ago it was thought necessary to raise the pay of the men from fifteen to twenty dollars per month, and by order of the resident Board of Trustees it was accordingly done.

FOURTEENTH—MEDICAL TREATMENT.

The medical treatment of the insane continues, as heretofore, to receive the consideration it so highly deserves. The study of psychological medicine, in all its bearings, clinically, and by the aid of the best standard and periodical literature on the subject, with the use of the most approved remedies and appliances, is clearly the first study of the physician in charge of a Hospital for the treatment of insanity. It is not my purpose, however, even if it were practicable, in a short report like this, to go into a consideration of the wide ranging subject of medical treatment of insanity. The records of the Hospital bear testimony to the labors and results of the year, both in the adminis-

tration and effects of remedies, and pathological investigation upon the cadaver. I ought to mention, however, that the hydrate of chloral, the very latest therapeutic discovery in the treatment of nervous diseases, was promptly introduced and has been extensively used in our practice, and while it has not proved to be specially curative in mania attended by violent excitement, or even in the milder forms of derangement, unaccompanied with insomnia or liability to sleep, still, as a purely hypnotic or sleep producing agent, for safety, speed and certainty, it has no equal in the entire range of modern therapeutics, and is therefore invaluable in the treatment of cerebral diseases. Improved apparatus for the administration of the galvanic and electric currents, as recommended by Romberg, Duchenne, Meyer and other distinguished modern authorities, has been introduced with favorable results, and will continue to engage further study and investigation.

FIFTEENTH—INEBRIATES.

Intimately connected with the treatment and cure of insanity, if not itself a branch of the subject, is the oft recurring question:—What can be done done for inebriates? Little more than a year ago the State Medical Association of Alabama, which is composed of the most intelligent and enterprising physicians from every portion of the State, conferred with your Superintendent as to the practicability and propriety of admitting inebriates into the Hospital for the insane. The reply of the Trustees, to whom the matter was submitted last October, was published in their last annual report to the Governor. They showed that it was neither practicable nor proper to receive this class in the wards with the ordinary insane, and if it were otherwise, the want of room would defeat the measure in Alabama. At a subsequent meeting of the Medical Association in March last, the question was again agitated with a zeal and earnestness hardly appreciable by those who know less of the evils of this terrible, wide spreading scourge than the family physician.

SIXTEENTH—ARE INEBRIATES INSANE?

The important subject of chronic alcoholic inebriation, or *Methomonia*, as it has been euphoniously named, in all its deversified medico-legal aspects and relations; involving the civil, social, and moral responsibilities of its victims; their treatment, cure, and the propriety of legal interference with their liberties, is perpetually recurring and everywhere exciting philosophical consideration and research. From a valuable paper on the influence of methomonia upon business and criminal responsibility, recently published by Dr. Rogers, of New York, I gather the following summary of the views of distinguished authorities upon the subject. The object of the paper is to prove that the morbid desire for alcoholic stimuli "is a positive expression of brain disease"—in other words, that it is insanity, and ought to be regarded as such. He says that methomania has been considered by the highest medical authorities, for many years, just as much a mental aberration resulting from diseased brain, as suicidal or homicidal monomonia. In support of this statement, he quotes the following authorities: Dr. Hutcheson, in his report of the Glasgow Lunatic Asylum, published more than a quarter of a century ago, treats of it as a form of mania, as a brain and mental unsoundness which renders the victim of it irresponsible for his acts during its paroxysms. Dr. Carpenter, in his essay on Alcohol, written a few years later, speaks of it as "one form of insanity," and as generally having a sufficiently peculiar relation to alcohol to demand a notice of it in such a paper. Forty years ago or more, Dr. Woodward, Superintendent of the Lunatic Asylum at Worcester, Mass., wrote a pamphlet upon this subject, urging the establishment of an asylum for the care of these persons, on the ground that they were the victims of a disease over which they had no control, and which rendered them irresponsible for their acts, and dangerous if left at large. About the same date Dr. Roesch, a French writer, published a paper upon the effect of the excessive

use of alcoholic drinks, and is credited by some authors with having first called the attention of the profession to methomania as a disease. Dr. J. E. Turner, the distinguished founder of the New York State Inebriate Asylum, in his report to the Legislature, in 1864, speaks of this disease in the following language: "Every case of inebriety is a suicidal case of insanity, which needs the control and medical treatment of an asylum more than any other class of insane."

Dr. Tyler, whose opinions we regard as possessing the greatest weight, speaks of this affection as follows: "Pathological investigations shows that the brain is changed from a healthy to a diseased state by the action of alcohol. Healthy thoughts and healthy moral sentiments are not evolved by a diseased brain. To its possessor we attach no moral responsibility. An inebriate has a diseased brain. No will or agency of his can bring forth therefrom other than diseased mental and moral products. A person who is governed by an uncontrollable appetite, or by an uncontrollable influence, is not a responsible being, and should be so treated."

Dr. Ray, the present Superintendent of the New York State Inebriate Asylum, and late Superintendent of the Washingtonian Home for Inebriates, Boston, in his report for 1867, says: "The extent to which the morbid craving for stimulants, and the infirmity of will in resistance, which, combined, constitute the disease, having its source and sustenance in the impaired functional activity of the various organs of the body, can only be appreciated by one who has carefully observed it in a large number and variety of cases. As a disease, its character is most complex and obscure, involving as it does abnormal conditions of both body and mind, and varying in every case with individual temperament and characteristics."

A commission, appointed by the State of Massachusetts some four years since, to report upon the condition of the asylum of that State, in speaking of this form of insanity,

classes it as a disease under whose paroxysms or influence the victim should be cleared from criminal responsibility. Under the conviction that the methomaniac is a victim of an uncontrollable desire, and therefore dangerous, both to himself and those about him, and hence a fit subject for the interference of the State, more than 1500 medical men of this State signed a petition to the Legislature in 1857, in favor of the establishment of an asylum for that purpose. In that petition we find the following paragraph: "Without such an institution the physician has been compelled to turn from his patient discouraged, disheartened, and defeated, and the victim of this painful malady has found a drunkard's death and a drunkard's grave. With this institution we can save hundreds who are now crowding our insane asylums, inundating our courts, dying in our prisons, and perishing in our streets." Dr. Anstie, in his article on Alcoholism, "Reynolds's System of Medicine," says of methomania: "It is, of truth, rather a variety of constitutional insanity than of alcoholic disease, but as the outbreaks owe many of their characteristic symptoms to the influence of drink, the disease requires notice in a treatise on alcoholism." If, after a review of the facts we have here laid before it, there shall still be found a mind so conservative as not to admit them as evidence of the existence of such a disease as *Methomania*, which more or less seriously impairs the responsibility of its victim, then I have little hope of its conviction unless in some evil hour it become a subject of the disease.

There are many other points of interest going to prove that the inebriate is insane, and especially when the tendency has been transmitted,—"that drunken parents begat drunken children," as Aristottle bluntly expresses it; or when the habit has resulted from a blow on the head, or an injury, or a protracted fever, or a severe illness, but we shall have to pass them by for the present.

SEVENTEENTH—A REFORMATORY FOR INEBRIATES.

Assuming that the civil authorities have power, and that

it is their duty to prevent the commission of crime at all hazards, by the abridgement, if needs be, of the liberty of the individual, we are brought at once to what seems to be the only safe and rational treatment of methomonia. I should like to see established in Alabama a REFORMATORY FOR INEBRIATES, of all classes, under the jurisdiction of the civil courts. The facts might properly come before the grand jury, and upon the finding of a true bill the case should be duly investigated by a jury empannelled specially with a view to its competency to examine and decide the same. If the allegations are established by proof, the inebriate should be committed for a term of *not less than two nor more than five years* to the Reformatory; and be supported there at the expense of the State. The treatment should be conducted by an educated physician, under a board of intelligent trustees. A part of the moral treatment should consist in the regular performance of skilled manual labor, in which each patient should be compelled to engage, the proceeds of which should support the institution. Voluntary inebriates should be received, without the exposure of a public trial, on the same conditions as as those sent by order of the courts, on certificate of a justice of the peace that the applicaht is a volunteer, and that the term of treatment has been determined by two intelligent physicians. Inebriates who are willing and able to pay their expenses in the Reformatory should receive extra accommodations, and pursue, with the consent of the medical superintendent, such literary, manual or other occupation as their education, taste, and previous habits of life might indicate.

Thorough discipline would be indispensable to successful management, but it should not be unnecessarily harsh nor exacting; nor should the institution be allowed to degenerate, in any respect, into a mere punitory establishment. Only such requirements and restrictions as are necessary to compel each patient to follow a trade, to obey constituted authority, and to carry out the ordinary hygi-

enic rules and regulations of such an establishment, should be imposed. The officers and nurses should be the best of their kind, and selected, as in hospitals for the insane, with a view to their fitness, and intelligence, and capacity for the work.

In general terms, the qualifications for admission into this admirable institution should be the excessive-persistent, or regular periodical use of alcoholic stimulants, to the neglect of ordinary business and domestic obligations, the impairment of general health of mind or body, and the habitual failure to observe the proprieties of life at home or abroad.

Such is a general outline of a reformatory for inebriates, which I believe to be, not only eminently practicable, but absolutely essential in the cure of a disease, of all others, the most intractable and ineradicable. Inebriate Asylums, upon the voluntary system alone, when the time of treatment is restricted to one year, however grand, imposing, and complete their appointments, must necessarily, from the very nature of the disease which they profess to treat, prove failures in the end. No self-imposed restraint can stay the victim in his onward course to destruction. Nothing but the strong arm of the law can reach his case. Time, likewise, is necessary to remove the cerebral impression upon which we have shown methomania to depend. Reforms, extending over one, two or even many years, followed by relapses, debauchery and death, are not unfamiliar to many of us, and lead us to condemn most emphatically any system of cure that does not extend over several years at least.

Apart from the direct curative results of such an institution as I have described, its moral effect upon the habitual drinker and the novice in restraining the habit within proper limits, or in tending to break it up before it becomes fixed; and upon the young, especially those who have inherited the tendency, can hardly be properly estimated. The danger of relapsing too, which we have shown to be so,

imminent even in those who have undergone treatment and are restored, will be materially lessened by the mere presence of so formidable an agent.

EIGHTEENTH—IS IT PRACTICABLE?

I ought in justice to state here that I am not aware of the existence anywhere of such an institution as I have described above, and, therefore, the idea is to that extent original as well as theoretical. After considerable experience with the victims of habitual intemperance of all grades, whether from excessive use of alcohol, opium or tobacco; and with my conception of the physiology of vital habit, upon which their rational treatment must proceed, I am as firmly convinced as I am of any scientific fact in existence, of the practicability of the measures above recommended. If this was the proper place for such discussion, I would endeavor to sustain the position which, I am aware, may seem to be arrogantly assumed and too confidently held. I feel deeply in the matter, have long considered it, have conversed freely about it with the most intelligent men of all professions with whom I am brought in contact, and am therefore prepared to speak plainly and unequivocally in its defense.

NINETEENTH—WILL IT PAY?

But admitting its practicability, will it pay to inaugurate the system in Alabama? Let us examine the question hastily, first with reference to dollars and cents, which, after all, in spite of the rapid strides civilization has taken in these modern times, is generally a primary consideration with the law makers. We are told in the petition to the Legislature of New York for the establishment of an Inebriate Asylum in 1857, "fifty-five per cent. of all our insanity, and sixty-eight per cent. of all our idiotcy, spring directly or indirectly from inebriety alone;" and I believe that the figures apply with equal truth to the causation of mental diseases in the State of Alabama. The number of 'lunatics and idiots" in the State will probably be found

to exceed one thousand, when the returns of the present census-takers are made. If about half that number, as we have assumed on the authority of the petitioners to the New York Legislature, be attributable, either directly by imbibition, or indirectly by inheritance to the abuse of alcohol, the cost of their support to the State, either in money directly expended, or in food and clothing, for a single year, will far exceed the first cost of an institution which, if it does not eradicate the evil, will most certainly arrest it.

Besides "lunatics and idiots" however, there is a large class of inebriates, dead-heads in every sense of the term, not included in the census, and who in the consumption of food, without an equivalent in labor, lessen the productions of the State even to a greater extent than the former class. It is presumable that each good citizen adds something over and above what he consumes to the material resources of the Commonwealth, which sum, in the case of the two classes of non-producers above referred to, would probably double the first estimate.

With these data it is easy to approximate the cost of intemperance in dollars and cents alone to the State of Alabama.

But this is not all. As has been said of insanity, "the most valuable power in a community is brain-power—THOUGHT. The addled brain of a methomaniac not only does not generate this power, but he requires a good deal of that generated by others. Besides eating food provided by others, he consumes a part of their brains. It is hard to calculate the value of the force so consumed, but easy to see that it must be great.

In still another aspect the problem assumes an importance which it is even more difficult to estimate. There is no picture of human misery more harrowing or revolting than the drunkard's home. To those of us who are frequently brought to gaze upon it, and to witness the grief of the despairing, broken-hearted wife and joyless children,

the argument carries a conviction too apparent for discussion, too profound for expression. Only a short while ago, I received the following letter, written by one of Alabama's esteemed and most gifted daughters:—

DR. BRYCE—

Dear Sir: I understand you are now taking patients to cure of drunkenness. The painful task is mine to ask you upon what terms you will take my poor, dear husband in your charge? He has a very nervous organization, and it would destroy his mind to be confined with lunatics: so please advise me what to do with him. He is all that one could look for in talent, culture and education—is a highly accomplished gentleman. But alas! he is a victim to strong drink, and cannot last long unless the habit is discontinued. He labors under hallucination that he will die of weakness without it. I have been married two years, and have abandoned the world, my own literary pursuits, my duties to society, and given my life, my soul almost, to his reformation. If my prayers are not soon answered I will soon be in my grave. I write now while he pleads for one drop! He has lain on the floor for hours in agony, and yet I know to drink is to get drunk. He is just over a long spell of illness during which I had to watch him day and night for seven weeks. The Doctors warn me that another spell will kill him. What must I do? His poor voice rings in my ears. Oh! help me to cure him! Science may do what love and devotion have failed to accomplish. I will go to Tuskaloosa with him at once. Let me know on what terms. I am poor, but you shall be paid if it makes me a slave. This is in sacred confidence. Write me at once, in pity for a broken-spirited, wretched wife. Give me hope before my strength is gone. I believe he is partially deranged from it now. He might be anything that man can be. God has given him rare talents. Pardon this scrawl; he pleads with me. Oh! write soon.

———— ————.

A few weeks ago a middle-aged gentleman, a distinguished physician, a ripe scholar, and a successful teacher of medicine in a southern university, presented himself here for treatment. He gave substantially the following history of his case. Three years ago was attacked with yellow fever from which he very slowly recovered. In conse-

quence of imprudence he suffered a relapse, which proved even more intractable than the first attack, and left him weak and emaciated. During a tedious convalesence he was induced to resort to stimulants, and consumed altogether, in small doses, about two quarts of champagne. He resumed practice and professional duties, and to all appearances was as well as he had ever been except that he experienced an uncontrollable desire for alcoholic stimulus. I should have stated previously he had led a strictly temperate life. Conscious of his acquired weakness, and its demoralizing tendencies, he still had no power to resist, and from moderate drinking he soon passed into excess. As time passed on he saw his best friends deserting him, his lucrative practice declining, and his own health rapidly failing under the influence of the poison. He made many efforts to reform, but failed in every instance. He had lost all self-control, and there was no considerations of friendship, professional pride, or family ties, in all of which he was peculiarly blessed, that could influence him to resist the devouring impulse; shattered in bodily health, with mind and will impaired, and affections blighted, this miserable methomaniac, conscious of his degradation, presented himself here for treatment and cure.

One more case, illustrating another very common form of this disease, brought to me only a few days ago, will close the sad recital, although many others could be added. A doting father brings his once promising and only son,—

"The father's pride, the mother's joy,"

for treatment in the Hospital. He labors under periodic methomania, a form in which the patient is seized at varying intervals with an uncontrollable desire for alcohol. Dr. Hutcheson gives such a graphic description of this form that I can do no better than quote it entire. "The individual", he says, "thus affected abstains for weeks or months from all stimulants, and frequently loathes them for the whole period. By degrees he becomes uneasy, listless, and depressed, feels incapable of application, and

restless, abandons business, and begins to drink and continues until he is intoxicated. This he continues till sleep ensues, which he awakes from only to seek again the intoxicating dose, and so he continues on for a week or more. Then a feeling of disgust and positive loathing for his intoxicating drinks come on, attended generally by anorexia and vomiting, a feeling of apathy and depression follows, he is the prey of remorse, regrets bitterly his infirmity, often contemplates, and even commits suicide to terminate his misery.

His vigor, however, returns, he goes with renewed diligence to business, and freshly determines never again to yield to his malady. But alas, sooner or later the paroxysm recurs, and the same scene is re-enacted, till ultimately, unless the disease be checked, he falls a victim to the physical effects of intemperance, becomes maniacal or imbecile, or the intervals becoming shorter and shorter till none takes place between them, and he falls into the deplorable state of chronic or continual methomonia, a state in which the patient is incessantly under the most overwhelming desire for stimulants."

My reply to the applications of these unfortunate persons and their friends is, that they cannot be successfully treated in a hospital for insane persons, and that they must apply to the asylums for inebriates in other States, where, "*at a minimum cost of twenty dollars per week*," or a little more than one thousand dollars per year, they can undergo treatment for a period not extending over six or twelve months. These are the terms actually offered to the applicant last reported!

I think it likely that there are at least one hundred methomaniacs in the State who ought to be committed to a reformatory, nearly all of whom, if not dangerous to themselves and others, are drones and nuisances to society and a burden to their friends and families. In such an institution as we have described, they may not only be cured,

but will be taught a good trade and made good fathers, brothers, sons, and possibly valuable citizens.

TWENTIETH—PRELIMINARY STEPS.

Before the laws of the State are made to conform to these suggestions, it would be proper to appoint a commission to investigate the matter more thoroughly in all its bearings, and if found practicable, to project a law establishing and organizing the institution, regulating the trial and committal of inebriates, the appointment of guardians, etc., etc. I should like to see Alabama take the lead in a method of reform which I confidently believe sooner or later will be everywhere adopted, and I earnestly commend the measure to the consideration of the Legislature.*

TWENTY-FIRST—OMISSIONS.

The subject of medical and moral treatment of the insane, of which the foregoing can hardly, I think, be called a digression, offers so large a field for discussion that we can hardly venture any further upon it in a report like this.

The Tables, too, in the Appendix, are suggestive of such a variety of interesting subjects, upon which the public ought to be enlightened, that we pass them by with reluctance. The many varieties of nervous derangement and mental aberation and their causes—how to distinguish the one, and the importance to be attached to the other, are very inviting themes, and never fail to elicit the attention of the most casual listener. In previous reports however, I have frequently taken occasion to present these matters somewhat in detail.

I would renew here a suggestion which I made in one of my reports several years ago, that since insanity is on the

* I observe in the last American Journal of Insanity that Mr. Dalrymple, a member of the English Parliament, has recently rccommended judicial proceedings in the case of confirmed inebriates. Without having been aware, when the above was written, that such views were entertained or published, I am nevertheless glad to find myself so ably sustained.

increase, and occurs as frequently, perhaps, in the practice of physicians in general, as many other diseases which it has been considered proper for them to master, it is high time that every medical college were taking steps to have the subject properly presented to its pupils. I should feel great delicacy in stating, in a public document like this, the experience which forces me to make this suggestion. Indeed, it is not necessary to drive into the secret archives of an insane hospital to become aware of this great need. The testimony in courts of justice, in trials of criminals where the plea of insanity is alleged, and frequently the pages of our medical journals, indicate, in very forcible manner, the importance of the policy which has been advocated.

TWENTY-SECOND—CRIMINAL INSANE.

I have protested, time and again, against the admission of convicts from the Penitentiary, and other criminals, into the Hospital, unless a separate addition, sufficiently strong, were made to the present building. Insanity in this class, when it is not feigned, often intensifies their criminal proclivities and renders them unfit for association with the ordinary insane. They are always adroit, whether the insanity be real or feigned, at lock-picking, house breaking, fence scaling, and deception generally; and they usually manage to escape. As the Hospital is rapidly filling, and there will hardly be accommodation for other and more deserving classes, I would suggest the unconditional repeal of all the laws committing convicts and criminals to the Hospital.

I call your attention however, more especially to the case of Samuel Briggs, committed here May 9th, 1868, by order of Hon. James Cobb, Judge of the Seventh Judicial Circuit, for the killing of Thomas Noe, Mary Noe, and ——— DeGraffenreid, in Jones county, Alabama. He had previously been many times admitted into this Hospital, and always succeeded in making his escape—as many as

half a dozen times altogether. He escaped the last time about a year since, and was not heard of again until a few weeks ago, when he was returned, in chains, by the sheriff of Southampton county, Virginia. He is subject to frequent but short paroxysms of recurring, homicidal mania. During the intervals he appears to be rational.

The community is naturally enough afraid that Briggs may again make his escape from the Hospital, and repeat the dreadful tragedy of which he was acquitted on the ground of insanity.

As you are aware, the Hospital is not a PRISON in any respect, nor so intended by its originators or builders. There are no cells nor dungeons here, and even the restraints that are found to be necessary, in the shape of light and ornamental window-guards, are studiedly arranged so as to avoid even the faintest resemblance to a prison. Nor can it be otherwise. Iron bolts and chains and grated doors, such as are necessary to hold and restrain adroit and daring convicts, are not to be tolerated in a hospital designed expressly for the treatment of a diseased nervous organization, without the sacrifice of all the advances made by science and civilization. To bring the subject home to ourselves, would we submit, in behalf of those we dearly love and respect, to an association with common felons, or to the hateful presence of dreary dungeons and the clanging chains of incacerated convicts?

Mr. Briggs, and all others of his kind, should be confined for life in the Penitentiary. He is anxious for the transfer, and I recommend the passage of a special Act for his relief.

TWENTY-THIRD.—IMPROVEMENTS AND REPAIRS.

I have called your attention at each annual meeting to the repairs that were needed upon the building, and the additional accommodations in out-buildings, apparatus for warming, washing, gas-making, cooking, etc., which our growth and development demand.

The Hospital was begun in 1852 and finished in 1861, and since then the State has not specially appropriated one dollar for repairs and improvement. I said it was *finished* in 1861, but it was barely made habitable. There were no stables, barns, nor out-buildings of any kind, except an old farm-house and a few dilapidated cabins. There were no enclosures except a falling fence around the building; there were no improvements of the old worn-out field in which the building was placed; and no ditches, nor drainage, except the main sewer leading from the house.

The Hospital building, itself one of the largest, best planned and finest in America, was far from complete. The tin roof, containing forty thousand square feet, had to be painted and repaired; lacking machinery supplied; changes in the original design effected, and other work, very tedious and expensive, had to be done immediately after our occupation of the building.

Witness the changes that have taken place since then in the enclosure and improvement of the grounds; the reclamation of a worn-out farm; a productive vegetable garden in the rear; flowers, ornamental trees and shrubbery in front; cottages for the families of engineer, carpenters and baker; the erection of a substantial brick house for boilers, steam-pump and grist-mill; two airing courts for the patients, and one of them enclosed with a high brick wall; furniture for additional inmates; miles of drainage and ditching, and the repairing and improvements for ten years upon a building which cost two hundred and fifty thousand dollars. Witness these transformations, I repeat, and reflect that the State has not appropriated one dollar towards them, and you can form some idea of the stinting economy which has been practiced to make the four dollars per week, which has been asked for the board of the indigent, cover the whole expense. But the fact is, the Institution has not received from the State four dollars per week, including a depreciated currency during the war, for each

indigent patient received and treated, but we can creditably assume it has for the sake of comparison. I presume there is no parallel of this to be found in the history of public institutions, and I refer to it with peculiar pride and grateful recognition of a kind and special Providence.

The indifference of the State to the wants of an Institution, which, of all others, it ought to be proud of, and which it ought to sustain freely and liberally, can only be explained by the history of the times which absorbed public attention and directed it in other channels. This is now no longer the case, and I respectfully suggest to the Trustees that the wants of the Institution be brought prominently before the Legislature, and an appropriation be asked to supply them.

Much has been accomplished during the present year—more perhaps than during any previous year, as the Steward's statement of expenditure, in the Appendix, will show under that head. A practical engineer, two carpenters, a cabinet-maker, a painter, and a brick mason, are regularly employed; and occasionally other mechanics have been called in to meet an emergency. The tin roof, the dome and campaniles have been repaired and painted; the old farm house covered, plastered, painted and repaired; several miles of ditching cut; five large flue boilers patched and reset, involving considerable expense; fences put up; piping and new and expensive machinery purchased; a drug dispensary fitted up in good style, and a host of other things which would fill this report if enumerated.

But much more needs to be done. An extensive laundry, with labor-saving apparatus driven by steam, for washing, rinsing, drying and mangling the clothes; shops erected and fitted up for mechanical labor to be performed by the patients; a new and approved apparatus for making gas economically and safely; a machine for planing and dressing lumber; a lathe for turning iron and brass; and a barn, cow and poultry house combined, with many other conveniences, are badly wanted and ought to be promptly

supplied. The eaves and cornicing outside and around the entire building, and the window frames, five or six hundred in number, need repairs and two coats of paint, and will alone cost perhaps fifteen hundred dollars at the lowest estimate. Two wards, at least, ought to be carpeted and furnished in good style, so as to make the accommodations acceptable to the best class of patients, who have been accustomed to such comforts at home. One gentleman has carpeted and furnished the apartments of his wife at his own expense, in elegant style. The State ought to do it.

TWENTY-FOURTH—EXPENDITURE AND SUPPORT.

I herewith submit to you full and particular statements, by the Treasurer and Steward, with vouchers in every case. These accounts and vouchers have been examined by two of your Board, and are certified correct. For publication in the Appendix of this report, I present a summary of these statements. The complete and original copies will be forwarded to the Governor of the State for preservation and future reference. Duplicates are already in the Auditor's Office in Montgomery.

The total *actual* expenditure for the year, you will see, has reached $44,708 98. The daily average of patients under treatment has been two hundred and eleven. This gives a weekly cost of $4 07 for each patient, which sum, small as it is in comparison with many other hospitals more favorably located than this for the purchase of supplies, has been augmented very considerably by the large amount ($6,632 65,) expended in repairs and improvements. Allusions to the comparative cost of supporting the insane in different hospitals in the United States may appear invidious, and are generally in bad taste, and I would not make them again in this report if the people of the State at large had other means of learning at what cost such institutions are elsewhere sustained.

To facilitate reference, I have transcribed in the Appen-

dix such parts of the organic law as provides for the support of the indigent insane. The whole law will be found in Part 1, Title XI, Chapter 5 of the Revised Code of Alabama.

TWENTY-FIFTH—WORK AND PRODUCTIONS.

There is also appended an accurate account of clothing, mattresses, bedding, shoes, etc. etc., made exclusively by the patients of both sexes, under the direction and with the assistance of their nurses, during the year; the number of days' work done by them in the different departments of labor; and the productions of the farm, garden and dairy. All the outside work on the farm, in the garden, in the laundry and the stables, is performed by the patients and their nurses, under the general direction of the farmer or matron. With an average of one hundred and nine male patients, the regular working force will average perhaps twenty-five. I suppose their combined labor is equal to that of five able-bodied, healthy men. The shoe, mattress and copper shops, are conducted exclusively by patients; and their labor, contrary to the general rule, is fully up to the average of full hands.

TWENTY-SIXTH—RELIGIOUS EXERCISES.

Religious exercises, conducted by the Superintendent, are daily held in the chapel. A chapter from the Bible, a hymn of praise, accompanied by the organ, and a prayer, constitute the entire service. Arrangements have been made with the ministers of the different religious denominations in the city to preach on Sabbath after-noons. These exercises are attended by an average of seventy-five patients, and seem to be a source of great pleasure and satisfaction. The attendance is strictly voluntary, and the behavior proper and reverential.

TWENTY-SEVENTH—AMENDMENTS.

If amusements or diversion, in one form or other, are indispensable to the preservation of health, what impor-

tant agents they must be in its restoration when lost or impaired. A hospital for the cure and treatment of nervous and mental diseases should, above all others, be rich in resources of this kind. We recognize in ourselves and in our families the need of something more than mere creature comforts, and we devote no little time and money in its attainment. The sick one especially, is the object of our tenderest solicitude in this respect, and we hail the first desire for diversion as the surest harbinger of returning health.

Just so it is with sufferers from nervous derangement, especially where the disease is marked by listlessness, apathy, melancholy or depression. We have often witnessed here, and in other asylums the happiest results immediately follow an exciting game, and the commencement of many remarkable cures are dated from such occasions.

I regret to report that our means for carrying out the curriculum in this direction are still far too limited. In other hospitals, besides special appropriations by the State, liberal donations from large-hearted individuals, and grateful friends and patrons, are of common occurrence; and it is not unusual to find whole pages in the annual reports of such institutions devoted to the acknowledgment of individual benefactions. I have visited hospitals filled with pictures, books, and curiosities of all kinds, which were presented by philanthropic individuals. In one asylum alone I counted more than a dozen pianos, the thank-offerings of grateful friends and patrons. I wish such examples would remind our own State and people of their neglected opportunities and privileges in this matter; and I hope that this appeal in behalf of the insane may soften the hearts of those who hear it. Let it not be said again that the Alabama Insane Hospital, in which there are confined between two and three hundred afflicted and helpless human beings, has no piano, no billiard-table, no ten-pin alley, no magic-lantern nor other resources of healthy, joy-giving recreation.

An evening each week, under the direction of the matron and a resident officer, has been devoted to games and other parlor entertainments. On Sabbath evenings, sacred music is sung with organ accompaniment. Very creditable theatrical performances and a magic-lantern exhibition, with a borrowed instrument, are pleasant episodes in the history of the year. Croquet and after-noon rambles along the shaded slopes and on the beautiful cliffs of the Black Warrior, are very popular pastimes. Cards, drafts, backgammon and other indoor games, are much resorted to, and even marbles are not despised.

It has been suggested by my practical assistant physician, Dr. Little, that the occasional performance of a hand-organ and a monkey would enliven the monotony of the airing courts, where all classes have free and constant access, more effectually than many more costly and pretentious amusements. I need hardly add that contributions in that line will be thankfully received.

The nurses and other employees, who are confined about as closely as the patients and are cut off from outside sources of amusement, are allowed to assemble in the public amusement hall once a month and spend the evening in a rational manner as their inclinations may suggest.

TWENTY-EIGHTH—ACKNOWLEDGMENTS.

I addressed a circular letter last April to the proprietors of the newspaper press in the State, requesting, in behalf of the patients, a copy of their respective journals. You need hardly be told that the appeal was almost in every case promptly and cheerfully responded to. Newspapers are always welcome visitors to the patients, especially those which come from their homes, and if the avidity with which they are sought after, read and preserved, and the real pleasure they confer, could be witnessed every Wednesday and Sunday by the liberal and enlightened gentlemen who send them, I am sure they would feel a thousand times repaid for the gratuity.

I subjoin a list of the journals regularly received, and beg that we be placed upon the exchange list of such others as receive this report:

Advocate, Huntsville.
Argus, Selma.
Advocate, Greenville.
Advertiser, Moulton.
Apprentice, Centreville.
Advertiser, Montgomery.
Beacon, Greensbo.
Christian Herald, Tuscumbia.
Catholic World, New York.
Cherokee Advertiser, Centre.
Herald, Elyton.
Independent, Huntsville.
Journal, Florence.
Journal, Livingston.
Monroe Eagle, Claiborne.
Mountain Home, Talladega.
Mail, Montgomery.
Monitor, Tuskaloosa.
New Era, Stevenson.
North Alab'n & Times, Tuscumbia.
News, Eufaula.
Observer, Tuskaloosa.
Post, Athens.
Register, Mobile.
Republican, Jacksonville.
Republican, Decatur.
Shelby Guide, Columbiana.
Sun, Elyton.
State Journal, Montgomery.
Southern Republican, Demopolis.
South Alabamian, Greenville.
Times, Somerville.
Times, Gadsden.
Times, Union Springs.
Times, Jasper, Tenn.
Whig & Observer, Eutaw.
West Alabamian, Carrollton.
Watchman, Fayette.
Wilcox Vindicator, Camden.

We are indebted to Rev'd H. Dyer, D. D., No. 3 Bible House, N. Y., for 200 copies of the Church Mission Service for the Chapel. From Mr. John S. Pierson, of New York, and Mrs. Ann T. Hunter of Mobile, both of whom presented valuable gifts last year, we acknowledge, from the former the receipt of thirty-four large colored lithographs and a map of Europe, and from the latter a lot of canary-bird cages and rare flower seed and cuttings. The pictures have been framed and are hung in the corridors and parlors of the best wards. The cages are occupied by canaries which were raised in the Hospital.

The following ladies and gentlemen have furnished us gratuitously with rare seed, fruit, flowers, roots and shrubbery: Mr. John Seed, Mr. Jno. Johnson, Mr. Thos. Frank, and Mrs. E. J. Posey, all of Mobile; Mr. James Vick, florist, Rochister, N. Y.; Mrs. Albert Hobbs, Malone, N. Y.; Mrs. Searcy, Miss Irving, Mrs. Baugh, Mrs. Clark, Mrs. C. M. Foster, and Mrs. McMath, of Tuskaloosa, Alabama.

The flower garden, during the spring and summer,

bloomed in great perfection and was the admiration of all who visited it. The ladies from the wards, under the tasteful direction of the matron, are entitled, almost exclusively, to the credit of its culture, and to them it has been a source of refined pleasure as well as health-giving recreation. Many hundred rare exotics are distributed in the various wards of the Hospital, and are generally much admired and carefully preserved by even the most violent and destructive patients. A hot-house is much needed here, and if there were not so many other wants to be supplied, I should ask for an appropriation for that purpose.

The blooming season of plants in different latitudes is to some an interesting study, and in many public institutions of this kind a record of the same is regularly kept and published. It conveys a good good idea of the comparative climatic condition, and advancement of the seasons, when kept for a series of years successively. For these reasons, but chiefly that you may have an idea of the kinds and varieties of flowers in the garden, I have published a list in the Appendix.

The foregoing report has been prepared and arranged with care, and is more complete, perhaps, in the detail of matters of fact and common occurrences, brief and imperfect as it is in other respects, than any preceding one. That you may, as far as possible, be fully informed before hand of what will be brought to your attention, I have had a few copies printed on our little hand-press by one of our employees, and present you each with a copy a few days in advance of your meeting. In printing the report, however, I was influenced by other motives than those just given. It is desirable to have legible copies in the hands of the Governor, the Auditor, the Hospital Committees of both Houses of the Legislature, and the State printers.

Indeed, to do the subject full justice, a printed copy should be laid, at the beginning of the session, upon the

desk of every Senator and Representative; and permission should be granted to you by the Legislature to print hereafter, before the session opens, at the expense of the State, at least a thousand copies of your report for the use of the members and for distribution throughout the State. Last year but three hundred copies were printed, near the close of the session, for the exclusive use of the Legislature, so that we could not supply the demands for it made by persons both in and out of the State. I hope that these suggestions will meet your approval, and that the State will grant the request.

THIRTIETH—SUBORDINATE OFFICERS.

Under this head may appropriately come my testimony to the faithful manner in which my subordinate officers, and many of the employees, have performed their respective duties. The Assistant Physician, Dr. John Little, entered upon his duties last October, and has proved a most valuable acquisition to the medical staff. He possesses all the qualities, moral and intellectual, necessary to the important and delicate trust he holds.

Mr. Clarkson, the Steward, is in all respects well qualfied for his position. He is prompt and accurate in business, pleasant and affable in his intercourse with patrons, and economical and judicious in his expenditures. His books are well kept.

Mrs. Woodall, the Matron, has commended herself to officers, patients and patrons of the Hospital, by her devotion to the cause in which she is engaged. With naturally fine executive abilities, she combines an untiring energy, lively sympathies, large experience and vigorous health.

THIRTY-FIRST—CONCLUSION.

In closing, allow me to express to the Resident Trustees, my thanks for the courtesy extended to me, personally and officially, on all occasions; and for their considera-

tion and careful attention to my suggestion at their meetings, held from time to time, since last October.

Respectfully submitted,

PETER BRYCE,
Superintendent and Physician.

APPENDIX.

TABLE I.

Number and sex of patients admitted and discharged from July 6th, 1861, to October 1st, 1870.

	MEN.	WOMEN.	TOTAL.
Admitted	334	229	563
Discharged cured	82	62	144
Discharged improved	27	12	39
Eloped	20	3	23
Died	90	45	135
Remaining	115	107	222

TABLE II.

Duration of insanity of patients admitted and discharged from July 6th, 1861, to October 1st, 1870.

	MEN.	WOMEN.	TOTAL.
Less than one year	91	54	145
From one to three years	71	36	107
From three to five years	26	17	43
From five to ten years	47	33	89
From ten to twenty years	44	40	84
From twenty to thirty years	20	11	31
From thirty to forty years	2	5	7
Congenital	14	7	21
Unknown	17	24	41
Not insane	2	2	4
Total	334	229	563

TABLE III.

Age of patients admitted from July 6th, 1861, to October 1st, 1870.

	MEN.	WOMEN.	TOTAL.
Between ten and fifteen	9	3	12
Between fifteen and twenty	16	19	35
Between twenty and twenty-five	48	25	73
Between twenty-five and thirty	49	36	85
Between thirty and forty	88	73	161
Between forty and fifty	62	38	100
Between fifty and sixty	38	20	58
Between sixty and seventy	20	12	32
Between seventy and eighty	4	3	7
Total	341	229	563

TABLE IV.

Domestic state of patients admited from July 6th, 1861, to October 1st, 1870.

	MEN.	WOMEN.	TOTAL.
Single	178	275	97
Married	124	200	76
Widowed	28	77	49
Unknown	4	11	7
Total	334	563	229

TABLE V.

Occupation of patients admitted from July 6th, 1861, to 1st, October, 1870.

	MEN.	WOMEN	TOTAL.
Farmers, their wives and daughters.	125	60	186
Mechanics, their wives and daughters.	22	3	25
Laborers	58	32	90
Merchants, Clerks, their wives and daughters	31	12	43
School boys and girls	5	2	7
Lawyers	6	0	6
Physicians and their wives	10	1	11
Ministers and their wives	11	1	12
Sailors	2	0	2
School teachers and their wives	6	6	12
Printers	1	0	1
Soldiers	4	0	4
Spinsters	0	6	6
Domestics	1	10	11
None and unknown	41	96	147
Total	334	229	563

TABLE VI.

Alleged predisposing cause of insanity of patients admitted from July 6th, 1861, to October 1st, 1870.

	MEN	WOMEN.	TOTAL.
Hereditary transmission	105	57	162
Injuries	27	8	35
Intemperance	12	2	14
Typhoid Fever	7	4	11
Uterine disease	0	9	9
Opium eating	1	3	4
Old age	0	1	1
Ill health	2	5	7
Epilepsy	4	4	8
Maturbation	3	0	3
Unascertained	171	134	305
Not insane	2	2	4
Total	334	229	563

TABLE VII.

Alledged exciting cause of insanity of patients admitted from July 6th, 1861, to October 1st, 1870.

	MEN.	WOMEN.	TOTAL.
Ill health	21	27	48
Religious excitement	14	7	21
Political excitement	16	3	19
Epilepsy	38	13	56
Masturbation	20	2	22
Imprisonment	5	0	5
Intemperance	18	3	21
Domestic trouble	7	15	22
Grief	8	15	23
Hard work	2	0	2
Losses in business	6	1	7
Fright	6	0	6
Hard study	3	0	3
Child-birth	0	12	12
Blow on head	11	1	12
Loss of sleep	2	2	4
Jealousy	5	2	7
Disappointment in love	5	5	10
Congenital	6	8	14
General paralysis	6	1	7
Opium eating	1	2	3
Use of tobacco	10	9	19
Injuries	7	1	8
Sun stroke	1	0	1
Meningitis	3	1	4
Typhoid Fever	5	4	9
Uterine disease	0	7	7
Speculation	1	0	1
Rape	0	1	1
Excessive lactation	0	2	2
Scarlet Fever	0	1	1
Not insane	2	2	4
Unascertained	102	77	179
Total	354	229	563

TABLE VIII.

Form of insanity of patients admitted from July 6th, 1861, to October 1st, 1870.

	MEN.	WOMEN.	TOTAL.
Acute mania	61	43	104
Chronic and periodic mania	63	44	107
Epileptic mania	19	6	25
Hysterical mania	0	6	6
Monomania	52	23	75
Melancholia	30	26	56
Delirium	5	0	5
Dementia	54	47	101
Paralytic dementia	6	1	7
Imbecility	39	26	65
Idiotcy	3	5	8
Not insane	2	2	4
Total	334	229	563

TABLE IX.

Degree of education of patients admitted from July 6th, 1861, 1870.

	MEN.	WOMEN.	TOTAL.
Liberal	16	6	22
Good	88	39	127
Limited	160	94	254
None	66	80	146
Unknown	4	10	14
Total	834	229	563

THIRTY-SECOND—COMPENDIUM OF TREASURER'S AND STEWARD'S ACCOUNTS.

Treasurer's Account.

RECEIPTS :		
Balance in the Treasury, Oct. 1st, 1869.....		$10,085 22
Received from State Treasurer, Oct. 18th, 1869,		10,412 00
" " Tuskaloosa co., Jan. 14th, 1870,		120 00
" " State Treasurer, Feb. 12th, 1870,		7,176 00
" " " " May 23d, 1870,		7,219 75
" " " " July 20th, 1870,		5,747 14
Balance and Receipts.....		$40,790 11
PAYMENTS :		
Paid on orders of the Steward, numbered from 1 to 86, inclusive....	$40,828 43	
Balance due the Treasurer		$38 32
	$40,828 43	$40,828 43

Steward's Account.

RECEIPTS :	
No balance on hand October 1st, 1869.	
From W. Moody, Treasurer	$40,828 43
" paying patients.....	4,123 44
" deposit in New York.....	184 64
Old piping sold	56 19
Supplies sold.....	172 88
Chester-pigs sold.....	110 00
Turnips sold.....	30 50
Old sewing-machine.....	40 00
Error in over-paying an employee.....	4 60
Money returned by a patient.....	10 00
Money refunded from New York.....	318 30
Money refunded from Mobile.....	1 55
Carried forward.....	$45.880 53

Total amt. of receipts bro't forward	.....	$[illegible],880 53
EXPENDITURES:		
Salaries of resident officers	$1,108 13	
Superintendent's salary for 3d quarter of 1869	625 00	
Wages of nurses and mechanics	7,18[illegible] 12	
Wages of machinist and engineer	833 35	
Stationery, stamps, etc	159 44	
Printing and advertising	32 00	
Books and periodicals	57 85	
Deposited in New York	184 64	
Commission, insurance, etc	409 38	
Freight and drayage	69 08	
Travelling expenses of Trustees and Superintendent	179 93	
Expressage on money from Montg'y	54 19	
Blacksmithing	63 78	
Tin-ware	39 55	
Hardware, tools and implements	572 29	
Stone, glass and China-ware	201 15	
Furniture	52 00	
Stoves	68 70	
Brooms	56 30	
Dry-goods	2,572 85	
Ready-made clothing for men	116 75	
Blankets	9[illegible]9 89	
Hosiery	[illegible]0 30	
Mattress-filling	133 30	
Brushes—white-wash, paint, etc	48 95	
Shoes and leather	636 3[illegible]	
Hats and straw goods	48 84	
Drugs and liquors	472 47	
Lamps and oils	219 81	
Beef, mutton and fish	4,760 74	
Bacon, pork and ham	1,041 25	
Poultry	78 37	
Groceries	249 53	
Butter and eggs	253 40	
Molasses and sugar	2,032 37	
Coffee and tea	621 83	
Salt	52 10	
Carried forward	$29,883 56	$45,880 53

Expenditures and rec'ts bro't forw'd	$29,883 56	$45,880 53
Rice	23 64	
Meal and hominy	1,145 40	
Peas	11 00	
Flour	2,290 18	
Lard	139 04	
Fruits and confectioneries	56 45	
Coal	1,936 75	
Tar	2 00	
Farm and garden seed	69 55	
Trees and shrubbery	28 25	
Seed potatoes	47 55	
Manures and fertilizers	311 00	
Tobacco for working patients	242 29	
Matches	5 00	
Telegraphing	2 20	
Patients' amusements	4 00	
Lye, soap and starch	93 9[illegible]	
Live stock—horse, cow and calf	95 00	
Surgical apparatus and instruments	41 47	
Vehicles and wagons	519 25	
Harness	73 71	
Hymn-books	15 00	
Indiarubber goods	92 50	
Corn	1,006 47	
Forage—hay, fodder, oats, etc.	362 92	
Expended on private patients	356 96	
Refunded private patients	345 7[illegible]	
Advanced to discharged patients,	35 00	
Paid for returning patients	12 00	
Total for supplies	$39,247 88	
REPAIRS.		
Hardware, machinery, &c	1,590 89	
Bricks, lime and cement	375 59	
Wages of extra mechanics	1,949 42	
Hauling lumber	157 27	
Roofing tin	122 08	
Lumber and shingles	1,097 80	
Paints, oils, glass, &c	648 32	
Carried forward	$45,189 25	$45,880 53

Expenditures and rec'ts bro't for'd,	$45,189 2	$45,880 53
Nails and screws	113 83	
Ward-locks and keys	289 50	
Repairing furniture	37 90	
Ditching	250 05	
Total supplies and repairs	$45,880 53	$45,880 53

Deduct the following items included above, which are not a part of the *actual expenses* for the last fiscal year, ending October 1st, 1870:

Salary of Sup't for 3d quarter, 1869	$ 25 00	
Refunded private patients	345 76	
Deposited in N. Y. and refunded	184 64	
Advanced to discharged patients and refunded	10 00	
Refunded from com. merchant for damaged goods	1 55	
Overpay to an employee	4 60	$ 1,171 55
Actual expenses		$44,708 98

THIRTY-EIGHTH—UNCONSUMED SUPPLIES.

	ON HAND, Oct. 1, '69.	Oct. 1, '70.
Rice and flour	$2,220 03	$1,957 08
Sugar and molasses	862 86	983 75
Bacon and pork	81 00	86 04
Paints and oils	86 00	162 40
Coal	1,960 55	1,890 00
Illuminating oils	110 00	96 50
Coffee and tea	191 81	174 62
Groceries and salt	57 75	64 71
Dry-goods and clothing	700 00	598 22
Hardware, glass, etc.		98 00
Lumber, bricks, etc.		251 01
Tobacco	19 00	52 25
Total	$6,289 00	$6,414 58
Excess over last year	125 58	
	$6,414 58	$6,414 58

THIRTY-FOURTH—SYNOPSIS OF THE REGULATIONS.

Employees of the Alabama Insane Hospital are required to give two weeks notice before leaving or forfeit all wages due them.

They will be paid on the 15th of each month, for services rendered up to the 1st of the same month.

For wilful disobedience of orders, disrespect to superior officers, abuse of a patient, or any other unusual offence or violation of the rules of propriety, they will be dismissed from service, and forfeit all back wages due them.

For the following, they will incur, at the discretion of the Superintendent, a deduction from their wages of *not less* than twenty-five cents, in each case:

Discourteous treatment, or impolite language to a patient.

Leaving the premises without permission.

Leaving the Wards unattended.

Not keeping the patients clean, neatly dressed, and properly nursed and attended to at all times.

Not policing the yards, wards, dormitories and stairways.

Loitering, loud talking, or noises of any kind in the wards, or about the public halls, kitchen, terrace, shops, laundry or ironing-room.

Overstaying leave of absence, late at work, and loss of time by sickness.

Not extinguishing lights before ten minutes after the last bell.

Loss or destruction of clothing, furniture, provisions, tools, or property of any kind.

(The Cook.) Not ringing the bells, serving food, and drawing rations at proper hours; and food improperly cooked or in insufficient quantities.

(The Watchman.) Not recording the time regularly every half hour on the watchman's clock, and reporting lights, or any unusual occurrenee after hours.

Violating the printed By-Laws and Regulations of the Hospital, or verbal orders received from time to time, or neglect of regular duty not herein mentioned.

THIRTY-FIFTH—OFFICERS AND EMPLOYEES.

Resident Officers.

P. Bryce, Superintendent and physician	$2,500	00
John Little, assistant physician	750	00
W. Moody, treasurer	200	00
E. L. Clarkson, steward	500	00
Mrs. H. Woodall	300	00

Mechanical Depnrtment.

W. A. Keoppel, engineer and machinist	83	33
P. Pickett, assistant engineer	37	50
Scott Garland, carpenter	32	50
R. S. Furman, cabinet-maker	30	00
Wm. Leach, miller	20	00
M. Augustus, painter	20	00
Martin Max, Mason	20	00

Kitchen and Bakery.

Mary Leach, house-keeper	15	00
Fred, Smith, 1st cook	25	00
Frank Obert, 2d cook	20	00
Andrew Jackson, baker	25	00
Geo. Jackson, porter	20	00

Farm and Garden.

C. C. Kilgore, general supervisor	30	00
Wm. Turner, teamster	20	00
Gus Rogers, Gardener	20	00

Laundry.

Parolee Hayes, laundress	12	00

Nurses.

J. P. Laylor, ward master	25	00
Virgil Ross, nurse	20	00
Geo. Collins, "	20	00
Wm. Smith, "	20	00
Cornelius Walker, "	20	00
Wm. Gray, "	10	00
Cato Montgomery, "	20	00

Alex. Wood,	nurse	$20 00
Chas. Tarrant,	"	20 00
Jas. Williams,	"	20 00
Alex. Spencer,	"	20 00
Fred. Tagget,	"	20 00
Robt. Simpson,	"	20 00
Reden Ramsey,	"	20 00
Mary E. Furman,	"	12 00
Virg'a Raymond,	"	12 00
Mary Pugh	"	12 00
Goodie Donner,	"	12 00
Sophia Donner,	"	12 00
Jane Donner,	"	12 00
Sallie Leach,	"	8 00
Nancy Francis,	"	12 00
Fanny Garland,	"	12 00
Easter Ross,	"	12 00
Adaline Rogers,	"	12 00
Nancy McMillon,	"	12 00
Maria Ridgeway,	"	12 00

P. T. Taff, watchman.....$20 00

The amounts show the *annual salaries* of the resident officers, and *monthly pay* of the employees. The above corps with a few additional nurses, will be sufficient to carry on the operations of the Hospital WITH ONE HUNDRED ADDITIONAL PATIENTS, which is the utmost capacity of the present building, and thus reduce, very materially, the present per capita cost of supporting the insane.

THIRTY-SIXTH—TOTAL NUMBER OF DAYS WORK DONE BY PATIENTS IN THE SEVERAL DEPARTMENTS.

	MEN.	WOMEN.		MEN.	WOMEN.
Bakery.....	—	156	Machine-shop.	290	—
Cooper shop...	60	—	Mill	210	—
Carpenter-shop,	350	—	Paint-shop	150	—
Dairy.....	501	396	Printing-office .	10	—
Garden (flower)	297	196	Sewing-room ..	—	1687
Farm & garden.	4590	27	Stables.....	730	—
Kitchen	655	—	Shoe-shop.....	630	—
Laundry	—	883	Upholstery	300	40
Mangling-room,	—	704			

THIRTY-SEVENTH—PRODUCTIONS OF THE FARM, GARDEN AND DAIRY.

Beans, (butter,)	bushels,	7	Onions,	bushels,	75
Beans, (snaps,)	"	45	Peas, (English,)	"	9
Beets,	"	101	Peas, (old-field,)	"	20
Butter,	pounds,	730	Pea-vines,	pounds,	6,000
Corn,	bushels,	200	Pigs sold, (Chester)		$110
Cabbage-heads,		5,000	Potatoes, (Irish)	bushl's	75
Cucumbers,	bushels,	20	Potatoes, (sweet,	"	690
Egg-plants,	"	5	Pepper,	"	6
Fodder,	pounds,	3,000	Radishes,	"	8
Hay,	"	11,000	Squashes,	"	9
Kale, (salad,)	"	670	Shallots,	"	108
Lettuce,	"	2,075	Soap,	pounds,	8,750
Mustard,	"	500	Turnips,	bushels,	2,500
Milk,	gallons,	1,095	Tomatoes,	"	16
Melons,		300	Vinegar,	gallons,	480
Okra,	bushels,	40			

THIRTY-EIGHTH—RESULT OF WORK DONE EXCLUSIVELY BY THE PATIENTS IN THE SEVERAL DEPARTMENTS.

Aprons	139	Pillow-ticks	212
Baskets, (hamper)	40	Pillow-cases	103
Bed-ticks	216	Pillows	107
Bed-spreads	38	Pillows renovated	54
Boots, (pairs)	2	Quilts	62
Buckets, (cedar)	41	Quilt-linings, (old)	24
Buckets, (repaired)	50	Sheets	341
Chemises	61	Shoes, (pairs)	170
Coats	309	Shoes repaired	158
Corset covers	4	Shirts	382
Comfort-tops	57	Skirts	115
Curtains	34	Saques, (home-spun)	42
Drawers	143	Saques, (linen)	2
Dresses, (calico)	174	Screen-covers	2
Dresses, (home-spun)	107	Shakers, (trimmed)	24
Mattresses, (moss)	42	Suspenders, (pairs)	144
Mattresses renovated	69	Table-cloths	15
Mattresses, (straw)	114	Towels, (roller)	117
Mattress-ticks	132	Towels, (hand)	4
Musquito-bars	23	Towels, (dish)	36
Muslin waists	10	Under-waists	106
Muslin saques	32	Under-shirts	2
Pantaloons	409		

THIRTY-NINTH—AN ACT TO SUPPORT THE INDIGENT INSANE.

An Act to amend Section 1064 *of the Revised Code.*

Section 1. Be it enacted by the General Assembly of Alabama, That section 1064, which is in the following language, to-wit: "The annual salaries of resident officers of the Hospital, together with the actual costs of boarding, lodging, and clothing, any indigent or criminal patients who have been received, upon any order of court or judge, shall be paid quarterly on the last days of September, December, March and June, by draft drawn on the Comptroller of Public Accounts, by the Treasurer of the Hospital, countersigned by the Superintendent of the Hospital," be amended by adding the following provisions, to-wit: *Provided*, that the amount drawn shall be for actual expenses incurred, which shall be sworn to by the Bookkeeper or Hospital Steward, and certified correct by the Superintendent of said hospital, for the quarter next preceding such certificate; *Provided further*, that the Superintendent and Treasurer are hereby authorized and directed to make full settlement with the Auditor of Public Accounts, for all moneys received to the first day of January, 1870, and the Auditor is hereby authorized to draw his warrant upon the Treasurer for an amount sufficient to defray the expenses of said hopital for the first quarter of the year 1870, not to exceed ten thousand dollars, provided that, in rendering account at the expiration of each quarter, the said Superintendent and Treasurer shall make full exhibit, with vouchers, of the expenditure of current quarter, and balance on hand at the date of draft, for actual expense, as provided in the first proviso of this act.

Approved March 1st, 1870.

N. B.—Can this act be construed to imply that *no more* than $10,000 each quarter will be allowed by the State for support of the indigent insane, including the care of the Institution? If so, further provision must be made by the next Legislature to meet the demands created by a large and growing increase of indigent patients. The question is an important one, and deserves your first consideration.

FORTIETH—BLOOMING SEASONS OF PLANTS IN HOSPITAL GARDEN.

Achimenes, Aug. 10.
Asters, June 3.
Alyssum, April 7.
Acroclinium, April 10.
Astirrhinum, May 18.
Abronia Umbellatta, May 27.
Almond, March 1.
Arbor Vitae, February 20.
Amaranthus, June 1st.
Arbutus, June 12.
Balsam, April 14.
Blue-bells, March 14.
Box-dwarf, February 12.
Balloon-vine, January 20.
Candytuft, May 8.
Chinese Holly-hock, May 20.
Convolvus, May 12.
Cock's-comb, May 20.
Chrysanthemum, Oct. 20.
Cactus, June 15.
Cedar, February 1.
Camellia Japonica, Jan. 14.
Calliopsis, June 20.
Cyprus vine, June 10.
Clarkia, June 30.
Carnation-pink, May 2.
Clianthus, April 20.
Dianthus Chinensis, May 1.
Dahlias, June 29.
Dew-plant, January 20.
Degitalis, April 24.
Delphinium, May 14.
Euonymus Japonia, Mar. 20,
Evening Prim-rose, May 21.
Grasilas, April 14.
Geraniums, January 4.
Gladiolus, June 28.
Gilia, June 7.
Hibiscus, June 12.
Helichrysum, June 20.
Heliotropium, June 4.
Hyacinth, January 1.
Hydranger, January 28.
Hones-suckle, April 2.
Jasmine, May 20.
Jonquill, January 10.
Lark-spur, May 28.
Lophospurmum, July 1.
Lantana, July 11.
Lilly, May 24.
Linum Grand-florum, June 20.
Magnolia Fuscata, Feb. 28.
Myrtle, sweet, April 9.
Merigold, May 8.
Marvel of Peru, June 14.
Mesembryanthemum, June 20.
Negella Hespanica, April 11.
Narcissus, February 16.
Nemophila, May 1.
Olea Fragrans, April 9.
Phlox Drummondi, April 20.
Pansey, April 25.
Portulaca, May 11.
Peas, sweet, April 16.
Pink, April 1.
Petunias, May 1.
Periwinkle, August 18.
Reseda Odorate, May 10.
Roses, March 4.
Spiraea, February 7.
Salvia, February 3.
Scabiosa, June 5.
Sanvitalia, April 20.
Schyzanthus, May 25.
Star Ipomea coceinea, May 28.
Thunbergia alata, June 19.
Thropaelatum, May 2.
Ten-week Stock, June 26.
Tube-roses, July 10.
Thuya Ondentalis, Feb. 26.
Thea Bohea, October 20.
Verbena, February 7.
Violets, January 30.
Viburmums, February 27.
Wax-plant, May 20.
Whitlavia, May 17.
Zinnia, May 27.

FORTY-FIRST—ADMISSION OF PATIENTS.

Three classes of patients are admitted into the Alabama Insane Hospital. 1st. The indigent, or those who are unable to pay their own expenses in the Hospital and support their families at home. 2nd. Criminal, or those who are acquitted, by reason of insanity, of crimes or misdeanors. 3rd. Private, or those who are able to bear their expenses in the Hospital.

Each patient, of whatever class, before sent, shall be made perfectly clean, and be free from any contagious or infectious disease.

Each male patient shall bring at least two new shirts, a new and substantial coat, vest and pantaloons, of strong woolen cloth; two pair of drawers, two pair of woolen socks, a black stock or cravat, a good hat or cap, and a pair of new shoes or boots, together with a comfortable outside garment.

Each female patient, in addition to the same quantity of under-garments, shoes and stockings, shall have a flannel petticoat, two good dresses, also a cloak or other outside garment.

It is very desirable that extra and better apparel should be sent with those accustomed to it, that when they become better, and when they attend religious worship, walk or ride out, their self-respect may be preserved.

In all cases, the patients' best clothing should be sent—it will be carefully preserved, and only used when deemed necessary for the purpose above mentioned.

Jewelry, and all superfluous articles of dress, knives, etc., etc., should be left at home, as they are liable to be lost.

Answers to the following questions should be distinctly written by the patients' friends, physician, or county officers, by whose order they are sent:

1. Age?
2. Where born?
3. Residence?

4. Occupation?
5. Degree of education?
6. Religious persuasion?
7. Married or single?
8. Number of children?
9. Date of present attack?
10. Cause, how manifested at first, and what changes since?
11. On what subjects? Any rational intervals?
12. Any relatives ever insane, and who were they?
13. Ever attempted suicide or homicide, and in what manner?
14. Destructive of clothing or property?
15. Disposed to filthiness of person or habits?
16. Any restraint or confinement been applied? If any, what?
17. If former attacks, how many; and how long did they continue?
18. What natural peculiarities, power of self-control, temper, disposition, predominant passions, disappointment as to property, affections, wounded pride, loss of friends, family troubles, intemperance in the use of ardent spirits, tobacco, etc.?
19. History of any bodily disease, especially suppressions of evacuations, eruptions, sores, etc., injuries, epilepsy, palsy, etc.?
20. What curative means have been tried?
21. By whom brought to the Hospital?
22. State to whom letters are to be addressed, and the name of the Post-office and county?

FORTY-SECOND—ADMISSION OF INDIGENT PATIENTS.

Indigent patients, or those unable to pay their expenses in the Hospital, are supported by the State. Application can be made by their friends or any humane person in their behalf to the Probate Judge of their county, who is required by law to examine the case as to indigence and

insanity, and if satisfied of both, to send them to the Hospital without delay.

The following is the form of the Judge's certificate, which must *be duly executed, stamped and sealed* in every case, and be presented to the Superintendent of the Hospital at the time or before the patient is brought:

I, A—— B ——, Judge of the Court of Probate of the county of ——, and State of Alabama, do hereby report that application has been made to me in behalf of C—— D——, a resident of said county, alleged to be insane and in indigent circumstances, (or a pauper, as the case may be,) and pursuant to the act of the Legislature in such cases made and provided, I have called before me Dr. ——, a respectable physician, and other creditable witnesses, to-wit: (state their names,) and having examined them and fully investigated the case, and not deeming it necessary to call a jury, I do hereby decide and certify that satisfactory proof has been adduced before me, showing the said C—— D—— to be an insane person, and that he has not sufficient means to support him under said visitation of insanity.

Given under my hand at ——, in the county and State aforesaid, this —— day of ——, in the year of our Lord one thousand, eight hundred and seventy——.

A—— B——, Judge.

I, E—— F——, being duly sworn according to law, do certify and declare that I have examined into the state of health and mental condition of C—— D——, of said county of ——, and that I am of opinion that he is insane.

E—— F——, Physician.

Sworn to and subscribed before me, this —— day of ——, A. D., 187—.

A—— B——, Judge.

I, A—— B——, Judge of the Probate Court of ——, do hereby ccrtify that the foregoing is a true copy of my report and certificate in the case of ——, and also of the certificate of Dr ——, thereto appended, as filed in my office.

In witness whereof, I have hereunto set my hand and seal of office, at ——, this —— day of ——, A. D., 187—.

[Seal.] A—— B——, Judge.

FORTY-THIRD—ADMISSION OF PAYING PATIENTS.

Before any paying patient can be admitted into the Hospital, the following conditions must be complied with:

1st. The following bond must be properly filled, STAMPED and signed by two men, *whose responsibility must be attested by the Judge of Probate of the county in which they reside.* 2nd. The following certificate must be signed by at least one respectable physician. 3rd. Three months' charges must be paid in advance.

NOTE.—Payments will be required promptly quarterly *in advance* on the first days of January, April, July and October, or the patient will be discharged from the Hospital.

Private patients, whose expenses have been paid for three months, by their friends, if in indigent circumstances, may be transferred to the charge of the State on certificate of the Probate Judge declaring their indigence.

BOND.

Know all men by these presents, that we, —— and ——, of the county of ——, in the State of Alabama, are held and firmly bound unto the Alabama Insane Hospital in the penal sum of five hundred dollars, for the payment of which we hereby bind ourselves, jointly and severally, sealed with our seals, and dated this —— day of ——, 187—.

The condition of the above obligation is as follows: Whereas, —— of the county aforesaid, is about to be admitted as a paying patient into said Hospital; now, if while —— shall remain therein, the undersigned shall constantly supply —— with suitable clothing, and pay all charges of said Hospital against ——, quarterly in advance, and whenever —— removal shall be required, immediately remove ——; and if —— shall escape from the Hospital, pay all reasonable charges in restoring ——; and if —— die therein, pay all reasonable expenses incurred for —— funeral; then this obligation shall be void; otherwise it shall remain in full force.

Witness our hands and seals this —— day of ——, 187—.

[SEAL.]

[SEAL.]

PHYSICIAN'S CERTIFCATE.

I have examined into the state of health and mental condition of ——, and am of the opinion —— is insane.

———, Physician.